L	F	ATEN	T APP				TERMINA PTO-875	,,,,	IN RECUP	(D		A A	photograph of the	xthe	B control n	
APPLICATION AS FILED - PART ((Column 1) (Column 2) SMALL ENTITY												0	R SA	THE	R THAN ENTITY	
L	FOR NUMBER FILED					NUMBER EXTRA			RATE (() FT	<i>5 (</i>)	7	· ·		7	
BASIC FEE [37 CFR 1 16(0) (b) or (c)) SEARCH FEE			NA			NIA			NA		FEE (5) 150.00		RATE N/A	(3)	300.0	
10	7 CFR 1 16(N. (1).	N/A				N/A		NA	\$2	50		N/A		\$500		
[13	XAMINATION F	N/A _				N/A		NVA	\$1	\$100		N/A		\$200		
(3	OTAL CLAIMS 7.CFR 1 16(1)	minus 20		n 20 e	•			X\$ 25			0	X\$50		1000		
G	DEPENDENT (CFR 1 16(h))	· minus 3 =			•			X100			Ĭ	X200		 		
(37	CFR 1 16(s))		If the specification and sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or (35 U.S.C. 41(a)(1)(G) a			plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).					•			_		
ML	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(j))								+180=				+360=			
• H	* If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL				TOTAL			
. ∀	CLAIMS HIG					olumn 2) (Column 3). HEST MBER PRESENT			SMALL RATE (5)	ENTITY		OR	OTH SMA RATE (S)	LLE	THAN NTITY	
AMENDMENT			IDMENT	Minus	PREVIOUSLY PAID FOR		EXTRA			FEE (10012 (3)		TIONAL FEE (S)	
Š	Independent .	1.0	<u> </u>	Minus	1.00	, 2		11	X\$ 25 .		4	OR	X\$50		. /	
WE	Application Si	26 Fee (3	7 CFR 1.1	CFR 1.16(5))					X100 · _	 	Д	OR	X200	-	_/_	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))								+180=	 			+360=	+	/	
									TOTAL ADD'L FEE	-		OR OR	TOTAL ADD'L FEE	1	<u> </u>	
		(Colur			. (Colu	mn 2)	(Column 3)			•		•		٠		
EN E	Total	REMA	ER.		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (\$)			RATE (\$)	1.	ADOI- TIONAL FEE (\$)	
ĭL	(37 CFR 1.18(i))	•		Minus					X\$ 25 .			æ	X\$50 =	十	125 (4)	
Z Z Z	(37 CFR 1.16(h))			Minus	***	<u>· </u>	•		X100 _		7	R	X200	1	*********	
۲ſ	Application Size						·]					
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))									-]。	R L	+360=			
• 1	• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										O	R	TOTAL ADD'L FEE			
(i	f the "Highest Ni the "Highest Nu he "Highest Nu ection of Inform	umber Pre mber Pre	eviously Pa Viously Pa Viously Pai	BIO FOR II BIO FOR III	N THIS SF N THIS SP olal or lock	ACE IS	less than 20, e less than 3, ent	nler 3.		e sprood	ula haw	in act	umu d	· · ·		

PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460. nefit by the public which is to file (and by the